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Commissioner for Patents

Fax No.: 703-872-9306

From: Howard J. Klein

Date: July 8, 2004

Total Number of Pages
(Including Transmittal Sheet): 4

Reference: U.S. Patent Application No.: 10/667,767
"CLIPBOARD"
Examiner: Dmitry Suhol
Art Unit: 3712
Docket No. 770-04-PA-J

Confirmation Copy of This Fax _____ WILL follow ☒ WILL NOT follow

Please see attached Petition to Make Special (2 pages) and an enclosure of Applicant's Birth Certificate (1 page)..

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OFFICIAL P. 02

U.S. Patent Docket No.: 770-04-PA-J

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re the Application of:

GARY F. LAKE

Serial No.: 10/667,767

Filed: September 22, 2003

For: CLIPBOARD

Examiner: Dmitry Suhol

JUL 08 2004

Group Art Unit: 3712

Irvine, CA 92614

July 8, 2004

PETITION TO MAKE SPECIAL

Mail Stop Petition
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE
(703) 872-9306

Dear Commissioner:

Pursuant to 37 C.F.R. Section M.P.E.P. 708.02 IV (Applicant's age), Applicant hereby files this Petition in the United States Patent and Trademark Office to make special the prosecution in the above-identified case.

This petition is based on the following grounds:

As shown by the enclosed copy of Applicant's birth certificate, Applicant was born on March 8, 1934 in Glendale, California. Therefore, Applicant is currently 70 years of age, and entitled to have this application made special.

Since this Petition qualifies under 37 C.F.R. Section 1.102 (c), no fee is required.

In view of the above, Applicant hereby petitions that this application be made special and advanced for examination, and Applicant advised thereof.

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U.S. Patent Docket No.: 770-04-PA-J

If there are any questions with regard to this matter, please contact Applicant's attorney, at either the telephone number or facsimile number below.

Very truly yours,



James G. O'Neill

Registration No.: 22,858

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COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

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STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

LOCAL REGISTERED No. 2606 189

1. PLACE OF BIRTH, Dist. No. 1907

County of Los Angeles

STANDARD CERTIFICATE OF BIRTH

City of Glendale

No. Glendale Sanitarium & Hosp. Ward

2. FULL NAME OF CHILD GARY FREDRIC LAKE

(If child is not yet named, make supplemental report as directed.)

3. Sex Male	4. Twin, triplet, or other 5. Number, in order of birth Twin 1st	6. Premature <input type="checkbox"/> Full term <input checked="" type="checkbox"/>	7. Date of birth (month, day, year) March 8, 1934
8. Full name FATHER Richard Chauncey Lake		17. Full maiden name MOTHER Myrno Reona Hesse	
9. Residence (usual place of abode; if nonresident, give place and State) 701 E. Colorado Glendale, Calif.		18. Residence (usual place of abode; if nonresident, give place and State) 701 E. Colorado Glendale, Calif.	
10. Color or race Cauc.	11. Age at last birthday 26 years	19. Color or race Cauc.	20. Age at last birthday 18 years
12. Birthplace Burbank, Calif. State of country		21. Birthplace Los Angeles, Calif. State of country	
13. Trade, profession, or particular kind of work done, as tailor, sawyer, bookkeeper, etc. Laborer 78		22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife	
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Highway Repairing 71		23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home	
15. Date (month and year) last engaged in this work Mar 19 34		24. Date (month and year) last engaged in this work 19	
16. Total time (years) spent in this work 2 Mo		25. Total time (years) spent in this work	
26. If stillborn, period of gestation <input type="checkbox"/> months <input type="checkbox"/> weeks		27. Cause of stillbirth	
28. Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? AC NO3 14		29. Specify congenital crippling deformities None	
30. Number of children of this mother (At time of this birth and including this child) 1		(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0	

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:49 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____

Date of _____

[SIGNED] Arthur E. Hollenbeck, M.D.

Physician

Physician, midwife, father, etc.

Address Los Angeles, Calif.32. Filed Mar 22 1934 J. L. Pomeroy, M.D.

Date

By K.C. Hogan

FILED MAR 10 1934 A.M. IN OFFICE OF REGISTRAR-RECORDER

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.



Charles Weissburd
CHARLES WEISSBURD
Registrar-Recorder/County Clerk

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JUL 16 1992

19-0892353

